PTO/SB/17 (10-07)
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					Con	iplete if Knowl	7		
Effecti Fees pursuant to the Consolida	ive on 12/08/2004. ated Appropriatio	ns Act, 2005 (H.R. 481	18). A	Application Num	ber	10/697,157-Co	nf. #9101		
FEE TRANSMITTAL			F	Filing Date		October 31, 2003			
			F	irst Named Inv	entor	Kazuki Emori			
For	FY 2008	3	[E	xaminer Name		S. H. Lim			
Applicant claims sma	all entity status. S	See 37 CFR 1.27	A	Art Unit		3714			
TOTAL AMOUNT OF PAYM	ENT	(\$) 630.00		Attomey Docket	No.	SHO-0034			
METHOD OF PAYME	NT (check all t	nat apply)			1				
Check Credit	Card N	loney Order	None	Other	(please ider	ntify):			
x Deposit Account Del	posit Account Numb	er: 18-001	3	Deposit /	Account Nam	e: Rader, Fishm	nan & Gra	uer PLLC	
For the above-ide			tor is h	ereby authorize	d to: (che	ck all that apply)			
	s) indicated be					dicated below, ex	cept for th	e filing fee	
	•	s) or underpaymen	nts of		• • •		•	•	
	37 CFR 1.16		11.5 01	x Credit	any overp	ayments			
FEE CALCULATION				-					
1. BASIC FILING, SEARC	H, AND EXAM	IINATION FEES							
	FILIN	G FEES	SEAF	RCH FEES	EXAMII	NATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$) Fe	e (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	310		510	255	210	105		<del></del>	
Design	210	105 1	100	50	130	65			
Plant	210		310	155	160	80			
Reissue	310	155 5	510	255	620	310		:	
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM FEES		_						Small Entity	
Fee Description Each claim over 20 (inc	Hudina Reiss	IBS)					Fee (\$) 50	Fee (\$) 25	
Each independent clair	_	-					200	100	
Multiple dependent clai	-	admig recioudos,					360	180	
, ,		ee (\$) F	Fee Pa	id (\$)	N	lultiple Depende			
. =	x	=			_		Fee Paid (\$	i)	
HP = highest number of total of		reater than 20.			_		-	-	
Indep. Claims Extr	a Claims I	ee (\$)F	Fee Pa	id (\$)				_	
	х _	= <u></u>		. <u></u>					
HP = highest number of indep	endent claims paid	I for, if greater than 3.							
3. APPLICATION SIZE FI If the specification and listings under 37 C sheets or fraction t	d drawings ex FR 1.52(e)),	the application s	ize fe	e due is \$260	(\$130 fo				
	Extra Sheets			ditional 50 or fra		of Fee (\$)	Fee I	Paid (\$)	
- 100 =		•					=	<b></b>	
4. OTHER FEE(S)			············	•		<del></del>	Fees	Paid (\$)	
Non-English Specific	cation, \$130	fee (no small er	ntity						
Other (e.g., late filing surcharge):		251 Extension fo 401 Notice of ap		onse within fi	rst month	า		20.00 10.00	
j surcharge).	1 / 1	TO I HOUSE OF AP	pear				<u> </u>	. 0.00	

SUBMITTED BY					
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Name (Print/Type)	Carl Schaukowitch			Date	May 20, 2008